

**Recognition of Prior Learning Application
CHC30213 Certificate III in Education Support**

Acceptable evidence

- You will be required to complete the RPL Self-Assessment CHC30213 Certificate III in Education Support;
- Provide Third Party evidence; and
- You will be required to attend and interview with our Lead Assessor

You must leave us with a verified copy that will not be returned to you. 'Verified' means a copy has been:

- signed by a Justice of the Peace or a Commissioner of Declarations who has sighted the original **OR**
- original document is shown to an authorised officer of this organisation who stamps and signs a copy for our records

Please note there are no partial unit RPL's granted.

Name [Please print]			
Phone contact			
Email contact			
Signature		Date	

I am applying for Recognition of Prior Learning for the following units: Please tick the relevant unit seeking RPL for.

Code	Title	RPL Requested <input checked="" type="checkbox"/> tick relevant box
CHCEDS001	Comply with legislative policy and Industrial requirements in the education environment	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCEDS017	Contribute to the health and safety of students	<input type="checkbox"/> Yes <input type="checkbox"/> No
HLTWHS001	Participate in workplace health and safety	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCECEC006	Support behaviour of children and young people	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCEDS003	Contribute to student education in all developmental domains	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCEDS004	Contribute to organisation and management of classroom or centre	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCEDS002	Assist in implementation of planned educational program	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCDIV001	Work with diverse people	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCEDS007	Work effectively with students and colleagues	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCDIV002	Promote Aboriginal and/or Torres Strait Islander cultural safety	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCEDS018	Support students with additional needs in the classroom environment	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHCEDS016	Support learning for students with disabilities in a classroom	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCEDS025	Facilitate learning for students with disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCEDS005	Support the development of literacy and oral language skills	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCEDS006	Support the development of numeracy skills	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHCEDS015	Support development of student research skills	<input type="checkbox"/> Yes <input type="checkbox"/> No
HLTAID004	Provide an emergency first aid response in an education and care setting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total number of RPL Units granted		

Office use only

Outcome	<input type="checkbox"/> RPL awarded as per above	<input type="checkbox"/> Application unsuccessful	
RTO authorised signature		Date	
USI Verification Conducted by		Date	

[This completed application form and evidence must be filed on learner file. It may be scanned and held electronically.]